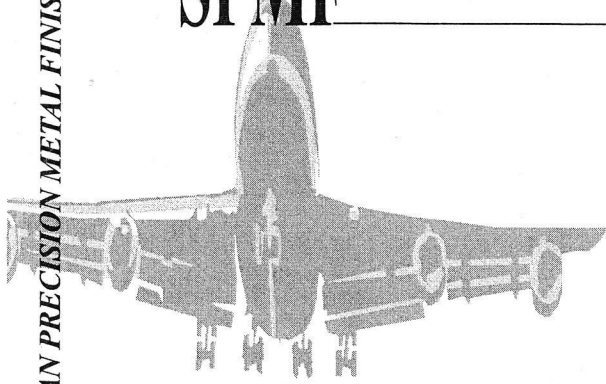


SPMF



February 13, 2008

US EPA Region 7
Hazard Waste Biennial Report
901 N. 5th Street
Kansas City, KS 66101

To Whom It May Concern,

Enclosed you will find the complete Biennial Report for our hazardous waste shipped off site for the year beginning January 01, 2007 and ending December 31, 2007.

Please call me if I can be further assistance or you require further details concerning the Biennial Hazardous Waste Report.

Sincerely,

Don Scowden
Senior Vice President
Sullivan Precision Metal Finishing
dscowden@spmf.com
Phone: 573-468-8049 Ext 102



RESP RECEIVED
FEB 19 2008

FOR THE FINISHING TOUCH

995 North Service Road West • Sullivan, MO 63080 • Phone: 573-468-8049 • Fax: 573-468-2182

19 FEB 2008
JS QC/PA

MAIL THE COMPLETED FORM TO: The appropriate EPA Regional or State Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM - 2007		
1. Reason for Submittal (see instructions on page 9) MARK ALL BOX(ES) THAT APPLY	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input checked="" type="checkbox"/> As a component of Hazardous Waste Report.		
2. Site EPA ID Number (page 10)	EPA ID Number: MOR000040964		
3. Site Name (page 10)	Site Name: Huggins Metal Finishing Inc. d/b/a Sullivan Precision Metal Finishing Inc.		
4. Site Location Information (page 10)	Street Address: 995 North Service Road West City, Town or Village: Sullivan State: MO County Name: FRANKLIN Zip Code: 63080		
5. Site Land Type (page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A. 332813	B.	C.
7. Site Mailing Address (page 11)	Street or P.O. Box: 995 North Service Road West City, Town or Village: Sullivan State: MO Country: UNITED STATES Zip Code: 63080		
8. Site Contact Person (page 11)	First Name: Don MI: L Last Name: Scowden Phone Number: 5734688049 Extension: Email Address: dscowden@spmf.com		
9. Operator and Legal Owner of the Site (pages 11 and 12)	Name of Site's Operator: James Wand Date Became Operator (mm/dd/yyyy): 12/01/2000 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Name of Site's Legal Owner: James Wand Date Became Owner (mm/dd/yyyy): 12/01/2000 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

 RESP RECEIVED
 FEB 19 2008

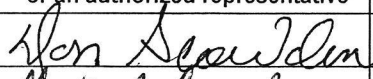
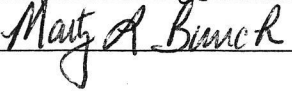
 19 FEB 2008
 BS QC/QA

9. Legal Owner (Continued) Address	Street or P.O. Box: 995 North Service Road West City, Town or Village: Sullivan State: MO Country: UNITED STATES Zip Code: 63080	
---	--	--

10. Type of Regulated Waste Activity
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16)

A. Hazardous Waste Activities Complete all parts for 1 through 6. Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b or c. <input checked="" type="checkbox"/> a. LQG: Greater than 1000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or <input type="checkbox"/> b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or <input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste In addition, indicate other generator activities. Y <input type="checkbox"/> N <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste Y <input type="checkbox"/> N <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> 3. Treater, Storer or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity. Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste (at your site) Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace <input type="checkbox"/> a. Small Quantity On-Site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 6. Underground Injection Control
---	--

B. Universal Waste Activities Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. Mark all boxes that apply: <table style="width: 100%;"> <tr> <td style="width: 80%;"> a. Batteries b. Pesticides c. Thermostats d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) </td> <td style="width: 20%; text-align: center; vertical-align: top;"> <u>Managed</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	a. Batteries b. Pesticides c. Thermostats d. Lamps e. Other (specify) f. Other (specify) g. Other (specify)	<u>Managed</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	C. Used Oil Activities Mark all boxes that apply. Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 1. Used Oil Transporter If "Yes", mark each that applies. <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 2. Used Oil Processor and/or Re-refiner If "Yes", mark each that applies. <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 3. Off-Specification Used Oil Burner Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 4. Used Oil Fuel Marketer If "Yes", mark each that applies. <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
a. Batteries b. Pesticides c. Thermostats d. Lamps e. Other (specify) f. Other (specify) g. Other (specify)	<u>Managed</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

11. Description of Hazardous Wastes (see instructions on page 17)						
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
D001	D002	D007	D035	F003	F005	F019
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if needed for more waste codes.						
MO						
12. Comments (see instructions on page 17)						
13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 17)						
Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)				Date Signed (mm/dd/yyyy)	
	Don L. Scowden, VP / Gen Mgr.				02/11/2008	
	Marty L. Bunch, Ops Director				02/11/2008	

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964

FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Paint Filters		
B. EPA Hazardous Waste Codes D007 D035 F003 F005		C. State Hazardous Waste Codes MO	
D. Source Code G06 Management Method Code for Source Code G25	E. Form Code	F. Quantity Generated in 2007 12,177.000000	G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (pages 24 and 25) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007		On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007	

Sec. 3	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARD981057870	C. Off-site Management Method Code Shipped to H061	D. Total quantity shipped in 2007 12,177.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2007 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

**FORM
GM**

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Paint/Solvent		
B. EPA Hazardous Waste Codes		C. State Hazardous Waste Codes	
D001 D007 D035 F003 F005		MO	
D. Source Code G06 Management Method Code for Source Code G25	E. Form Code	F. Quantity Generated in 2007 8,259.000000	G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (pages 24 and 25) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2007	On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARD981057870	C. Off-site Management Method Code Shipped to H061	D. Total quantity shipped in 2007 8,259.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964

**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2007 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Non Fuels F019 Filter Cake		
B. EPA Hazardous Waste Codes F019		C. State Hazardous Waste Codes	
D. Source Code G06 Management Method Code for Source Code G25	E. Form Code	F. Quantity Generated in 2007 11,528.000000	G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (pages 24 and 25) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007		On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007	

Sec. 3	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARD981057870	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2007 11,528.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Non Fuels Etching Sludge		
B. EPA Hazardous Waste Codes D002		C. State Hazardous Waste Codes MO	
D. Source Code G03	E. Form Code	F. Quantity Generated in 2007 13,232.000000	G. UOM 1
Management Method Code for Source Code G25		Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? (pages 24 and 25)		
	<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code		On-site Management Method Code	
Quantity treated, disposed or recycled on-site in 2007		Quantity treated, disposed or recycled on-site in 2007	

Sec. 3	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26)		
	<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARD981057870	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2007 13,232.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964

FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Direct Only Titanium Etch		
B. EPA Hazardous Waste Codes D002		C. State Hazardous Waste Codes MO	
D. Source Code G03 Management Method Code for Source Code G25	E. Form Code	F. Quantity Generated in 2007 545.000000	G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (pages 24 and 25) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2007	On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARD981057870	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2007 545.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964

FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Non Fuels Stainless Steel Etch		
B. EPA Hazardous Waste Codes D002		C. State Hazardous Waste Codes MO	
D. Source Code G03 Management Method Code for Source Code G25	E. Form Code	F. Quantity Generated in 2007 581.000000	G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (pages 24 and 25) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007		On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007	

Sec. 3	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARD981057870	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2007 581.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964

FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Direct Only Dichromate Seal		
	B. EPA Hazardous Waste Codes D007		
C. State Hazardous Waste Codes MO		D. Source Code G03	
E. Form Code		F. Quantity Generated in 2007 19,194.000000	G. UOM 1
Management Method Code for Source Code G25		Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? (pages 24 and 25)		
	<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code		On-site Management Method Code	
Quantity treated, disposed or recycled on-site in 2007		Quantity treated, disposed or recycled on-site in 2007	

Sec. 3	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26)		
	<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARD981057870	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2007 19,194.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964

FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Direct Only Deox		
B. EPA Hazardous Waste Codes D002 D007		C. State Hazardous Waste Codes MO	
D. Source Code G03 Management Method Code for Source Code G25	E. Form Code	F. Quantity Generated in 2007 25,156.000000	G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (pages 24 and 25) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2007	On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARD981057870	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2007 25,156.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964

**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2007 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Direct Only Turco Vitro-Klene		
B. EPA Hazardous Waste Codes D002 D007		C. State Hazardous Waste Codes MO	
D. Source Code G03 Management Method Code for Source Code G25	E. Form Code	F. Quantity Generated in 2007 45,649.000000	G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (pages 24 and 25) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2007	On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1 ✓	B. EPA ID No. of facility to which waste was shipped ARD981057870	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2007 45,649.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964

**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2007 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Direct Only Chromic Acid		
B. EPA Hazardous Waste Codes D002 D007		C. State Hazardous Waste Codes MO	
D. Source Code G03 Management Method Code for Source Code G25	E. Form Code	F. Quantity Generated in 2007 30,878.000000	G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (pages 24 and 25) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2007	On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARD981057870	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2007 30,878.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964

FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Direct Only Aluminum Acid Pickle		
B. EPA Hazardous Waste Codes D002 D007 D008		C. State Hazardous Waste Codes MO	
D. Source Code G03 Management Method Code for Source Code G25	E. Form Code	F. Quantity Generated in 2007 57,374.000000	G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (pages 24 and 25) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2007	On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARD981057870	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2007 57,374.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964

**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2007 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 18 to 26 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Non Fuels Alodine 1500		
B. EPA Hazardous Waste Codes D002 D007		C. State Hazardous Waste Codes MO	
D. Source Code G03 Management Method Code for Source Code G25	E. Form Code	F. Quantity Generated in 2007 9,050.000000	G. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? (pages 24 and 25) <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site in 2007	On-site Management Method Code Quantity treated, disposed or recycled on-site in 2007

Sec. 3	A. Was any of this waste shipped off-site in 2007 for treatment, disposal or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ARD981057870	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped in 2007 9,050.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped in 2007

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Huggins Metal Finishing Inc.

EPA ID NO: MOR000040964



FORM
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U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

OFF-SITE
IDENTIFICATION

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter ARD981057870	B. Name of off-site installation or transporter Rinco	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street NA City State Zip	

Site 2	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City State Zip	

Site 3	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City State Zip	

Site 4	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City State Zip	

Site 5	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City State Zip	

Comments: